

T.E.A.C.H. EARLY CHILDHOOD® SOUTH CAROLINA

FACILITY PROFILE – FORM D

Please Type or Print

Today's Date: _____

FACILITY INFORMATION

Center, Family/Group or School Name: _____

License/Registration No.: _____

Federal ID Number: _____

Facility Capacity: _____ Number of children currently enrolled: _____

NAEYC accredited? Yes No NAFCC accredited? Yes No

Facility Email: _____ Website: _____

CONTACT INFORMATION

Director's Name: _____

Assistant Director's or Alternate Contact's Name: _____

Telephone: (____) _____ -- _____ Fax: (____) _____ -- _____

Physical Address

Address: _____

City, State, Zip: _____, SC, _____

County: _____

Mailing Address

Check the box if the mailing address is the same as the physical address?

Facility Name: _____

Address: _____

City, State, Zip: _____, SC, _____

County: _____

Billing Address

*Please indicate below if **INVOICES** should be sent to a different address than the mailing address:*

Attention: _____

Facility Name: _____

Address: _____

City, State, Zip: _____, _____, _____

County: _____

RETURN COMPLETED FACILITY PROFILE TO:

T.E.A.C.H. EARLY CHILDHOOD® SOUTH CAROLINA
Center for Child Care Career Development • P.O. Box 5616 • Greenville, SC 29606-5616
Phone (864) 250-8581 • Toll-Free 1 (866) 845-1555 • Fax (864) 250-8680